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DataTrack

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The Life and Health of Older Americans

A report profiling changing demographic characteristics of Americans 65 years and older.

Prepared by the American Council of Life Insurance

Contents

Highlights 5

Some Implications for Life and Health Insurance Businesses 7

Numerical Growth 10

Employment and Income 15

Health Status and Attitudes 23

Mortality and Life Expectancy 31

For Further Reading 35

Tables

1 *Percent Increase in the Older Population, by Age Group, 1950-2020* 13

2 *Older Workers, by Full- or Part-Time Status, 1984* 16

3 *Percent of Elderly Households Receiving Means-Tested Benefits, Monthly Average, Second Quarter, 1984* 22

4 *Self-Assessment of Health* 23

5 *Prevalence of Selected Chronic Conditions Among Older Population, by Sex, 1972 and 1979* 24

6 *Prevalence of Selected Physical Impairments, by Age and Sex, 1979* 25

7 *Selected Health Indicators for Total Population and Population 65 Years and Over, 1972 and 1979-1980* 26

8 *Selected Health Habits of Americans, 1985* 28

9 *At-Home and Community Caregivers of Older Persons Requiring Assistance in the Activities of Daily Living, 1982* 29

10 *Responsibility for Long-Term Nursing Care Payment* 30

11 *Death Rates, by Age and Sex, 1940-1982* 32

12 *Death Rates for 10 Leading Causes of Death for Persons 65 Years and Over, 1982* 33

13 *Life Expectancy at Birth and at Age 65, 1900-1983* 34

Figures

A *Population 65 Years and Over, 1900-2050* 10

B *Proportion of Older Persons in the Population, 1920-2030* 11

C *Population 85 Years and Over, 1900-2030* 12

D *Sex Ratios in the Older Ages, 1950-2020* 14

E *Labor Force Participation of Women and Men, Aged 55 and Over, 1950-1984* 15

F *1983 Income by Age of Householder* 17

G *The Distribution of Discretionary Income, 1983* 18

H *1983 Discretionary Income, by Age of Householder* 18

I *Total Financial Assets, by Age of Family Head, 1983* 19

J *Net Equity in Homes of Families, by Age of Family Head, 1983* 20

K *Poverty Rates for All Persons and for Persons 65 and Over, by Sex, 1970-1983* 21

L *Older Persons Unable to Perform Their Major Activity Due to a Chronic Condition, 1960-1981* 27

M *Projections of Nursing Home Population 65 Years and Older, 1980-2050* 28

N *Death Rates Among Persons 65 Years of Age and Over, by Age, 1940-1983* 31

Highlights

Numerical Growth

- The older population will grow steadily until 2010, after which a more rapid increase is projected.
- Today, over 28 million Americans are 65 years or older; by 2000, this number is expected to grow to over 35 million.
- Those aged 85 and over are the fastest growing part of the older population.

Employment and Income

- In 1984, one-sixth of older men were in the labor force compared with almost one-half in 1950.
- The 1983 per capita income of households led by persons 65 years and over was higher than for households led by persons under 50.
- More than one-quarter of elderly households have some discretionary income, representing 18% of all such income in the U.S. Per capita discretionary income was highest among older households with this type of income.
- Average financial assets were highest in 1983 among households led by people 65 to 74 years of age. And older households tend to have a relatively high net worth.
- Seven in ten older households own their home; in 1983, the median net equity in homes owned by elderly households was nearly $42,000.
- The majority of the elderly are not poor, although older people are more likely to live in poverty than younger adults. Older women living alone are the hardest hit by poverty: nearly 3 in 10 receive some type of government assistance from means-tested programs such as food stamps, Supplemental Security Income, Medicaid and energy assistance.

Health Status and Attitudes

- The majority of older Americans give good ratings to their own health.
- Although most elderly people tend to rate themselves as healthy, the prevalence of some major chronic conditions among them appears to be increasing.
- The prevalence of hearing and other physical impairments varies by age and sex. Older men are more likely to have hearing and visual problems or to have missing extremities, while older women more often have deformities or orthopedic impairments of the back and lower extremities. Hearing impairments are twice as common among women over the age of 75 (36%) than among women aged 65 to 74.

- The majority of older people do not have to restrict their activities because of a health condition, but, in general, older persons restrict their daily activities twice as often as the population at large.
- Patterns of disability appear to be changing among older men. Since 1960, there has been a gradual increase in the proportion of men 65 and older who report they are unable to perform their "major activity" (work or housework) because of a chronic condition.
- Although older Americans are less likely than other adults to be involved in regular exercise or sports, people 65 and over have better health habits in other areas. They are less likely to consider themselves overweight; they are less apt to smoke; they feel less stress; and they are more likely to eat breakfast.
- The number of elderly people in nursing homes is expected to reach 2.2 million by 2000, up from 1.2 million in 1980. That number will reach nearly 3 million by the year 2020 and grow to 5.4 million in 2050. At last count, only 2% of people 65 to 74 years of age were in nursing homes compared with 23% of those 85 and older.

Mortality and Life Expectancy

- During this century, death has become increasingly concentrated among the elderly. In 1982, nearly 7 of every 10 deaths in the U.S. occurred at ages 65 and older, compared with 4 in 10 at the beginning of the century.
- Diseases of the heart far outrank other causes of death among the elderly population. In contrast, the number one killer of people from birth to age 44 is accidents.
- Between 1940 and 1982, the death rates for older women were cut in half for all age categories between 65 and 84 years. Among the oldest old (85 and over) the rate for women dropped 40%. Mortality rates also declined for older men but the results since 1940 have not been as dramatic as for women.
- The period between 1968 and 1982 witnessed a significant decline in death rates of the elderly caused by strokes and heart disease.
- The gap in life expectancy between males and females at birth, which had been widening for many years, now appears to be narrowing.
- In 1983, life expectancy at birth was the longest ever recorded—74.7 years. For men born in 1983, average life expectancy is estimated at 71 years; for women, 78.3 years.
- Life expectancy gains at the older years were relatively small until the late 1960s. Since then, however, longevity has increased at a disproportionately high rate among the elderly.

Some Implications for Life and Health Insurance Businesses

The elderly population is a large and growing force in America today. Some 28 million strong in 1984, their numbers are expected to increase at a moderate pace over the next 25 years. The following are some questions and implications for life and health insurance businesses as they consider the financial needs of the growing number of Americans who are living longer and longer into their "retirement" years.

Life and Health Insurance Products

The older population present a growing opportunity for the producers of many goods and services in America today. As a group, households led by people 50 years and older have considerable discretionary spending power. The following are some considerations for products and services by life and health insurance companies.

- Surveys sponsored by the American Council of Life Insurance and the Health Insurance Association of America point to the substantial interest among older people and the public at large in long term care insurance. Long term care is seen by many as the greatest threat to financial security in old age. And as the odds for living past 85 increase, that threat intensifies. Some fear that we are rapidly approaching the time when long term care is available only to the rich who can afford it and to the poor whose bills are paid by Medicaid. The insurance industry faces a challenge of designing benefit plans for long term care so that this can be extended to more of the population. Capital accumulation plans with cash settlement options, and/or the ability to convert to a combination retirement and long term care benefit, may prove attractive to younger individuals. In addition, broader education of the public about potential long term care needs should be promoted as an integral part of retirement planning.
- Will families of the future be facing more economic responsibilities than those of today? Will the middle-aged be increasingly concerned with the care of aging parents and grandparents? To aid the financial burden of such situations, should "parent care" (or grandparent care) protection be incorporated into employee group insurance plans?
- Financial vehicles such as the Reverse Annuity Mortgage have been developed to ease the money strains of a long retirement. How are life insurance companies taking advantage of the opportunities to develop and market products and services that will meet the increasing financial needs of the older population?

Marketing and Advertising

Studies of self-perception of the older population can provide important information for designing the portrayal of older people in marketing and advertising. According to Dr. Ruth Ziff of Doyle Dane

Bernbach, older people "do not think of themselves as having one foot in the grave." They describe their lives in positive terms: "prime of life," "mature," "best years of their lives." They are more content with themselves than younger people. And, in comparison with the younger population, people 65 years and older see themselves as more calm, more cost conscious, more careful, more likely to plan ahead, more logical, more confident, and more practical.

Dr. Ziff urges, "treat [older people] in advertising and marketing as useful, competent, confident, coping individuals with a zest for life and a desire to be self-sufficient and active."[1]

The "image" of a company may play an important role in attracting the mature market. Do older people feel more comfortable doing business with a company that has a conservative image? Is a mature sales force an important factor in communicating effectively with an older market?

Workers and the Workplace

There are three major categories of problems of older workers, according to a recent report by the U.S. Senate Special Committee on Aging. The first is negative stereotyping and the effects this has on older workers' hiring, job assignment and promotional opportunities. The second problem is limited alternatives to the traditional full-time work schedule. Third, older workers often present dilemmas for employers in several areas: They have a more limited future and there are differential costs of employment associated with age, e.g., more costly group health insurance.[2]

Companies may want to examine their personnel practices to determine how they encourage or discourage opportunities for older workers. Some companies have purposely adjusted their employment practices to capitalize on the contributions of older persons. Examples include the following:

- Active recruitment of older workers for full-time positions, including advertising for workers with "rusty office skills."
- Wide range of skills training, including basic refresher courses on basic job skills, interpersonal communication skills; the development of second career training programs for workers 55 years or older.
- Flexible scheduling, job sharing, part-time work.
- Transportation assistance for those over 65 who may not want to drive to work.

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[1] *Dr. Ruth Ziff, "Characteristics of the Market: Demographics and Attitudes," a presentation to the Center on Aging, Hershey, Pennsylvania, May 8, 1984.*

[2] *Lawrence S. Root and Laura H. Zarrugh, "Personnel Practices for an Aging Work Force: Private Sector Examples," prepared for the Special Committee on Aging, U.S. Senate, 1985.*

- Rehiring retirees for short-term projects as consultants; job banks of retirees registered for fixed-schedule and on-call part-time positions.
- Extensive retirement planning for employee and spouse, including financial planning, developing second careers, leisure time planning, health education.
- Preretirement leave programs such as offering one paid day off per week for the year prior to retirement.

A company's sponsorship of some of the above programs may have a positive impact on corporate image and may pay off in positioning the company in the mature marketplace.

Wellness Promotion

Experts in aging do not agree about the effects of a lengthening life expectancy on the health of the older population. Some feel that some of the effects of aging will be postponed and that in the future older people will be in better health. Others feel that the elderly will suffer from the chronic ailments of aging for a longer time before they die. One thing is certain, however, for the near future: More people will be living into their eighth decade—a time of life when chronic ailments and functional disabilities of aging are prevalent and when health care costs are a major concern and a major expense.

Life and health insurance companies across the country increasingly are becoming involved in wellness promotion programs that will no doubt have a positive effect on longevity and on the health of the older population of the future. Some of these efforts have included "wellness at the worksite" programs with health evaluations and education, exercise and nutrition programs. Other companies have focused on programs involving individual and group policyholders or the community at large. Premium discounts to non-smokers are becoming standard practice and there is a growing interest in discounts—as the evidence mounts—for other types of health behavior, such as participation in a worksite wellness program or regular exercise. Such discounts, when warranted, can become strong marketing tools for life and health insurance companies.

Numerical Growth

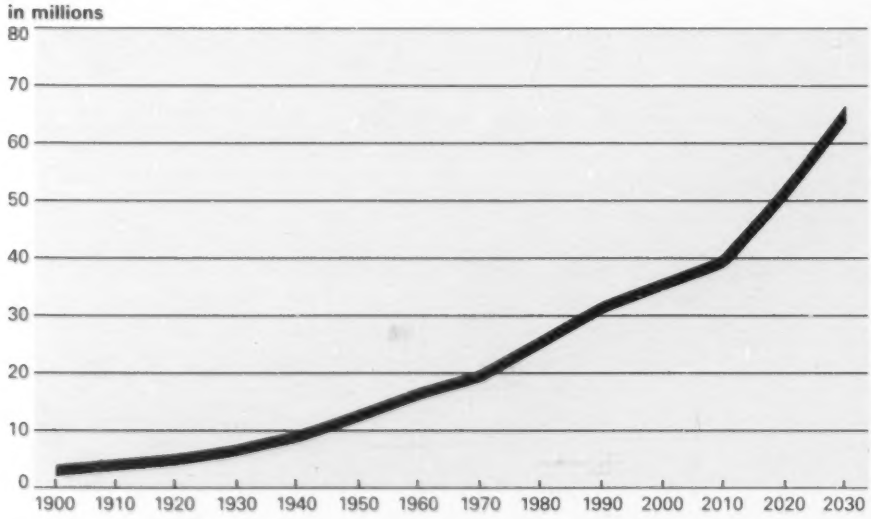
The numbers frequently cited in discussions about the growth of the population aged 65 and over are dramatic. Since 1950, the size of this group has doubled. In future decades, two stages of growth of the older population are foreseen: moderation until 2010, followed by an acceleration when the Baby Boom generation enters its "golden years." This first chapter of *DataTrack* summarizes patterns of growth among the population 65 and older.

1. The older population will grow steadily until 2010, after which a more rapid increase is projected.

At the turn of this century, just over 3 million Americans were 65 years or older—4% of the population. By mid-century, this group had grown fourfold to 12.3 million, representing 8% of the population; by 1980 it had doubled again (see Figure A). The steady rise in the number of births at the beginning of the century, coupled with increased longevity, account for the rapid growth of the older population in recent decades.

Figure A

Population 65 Years and Over, 1900-2030

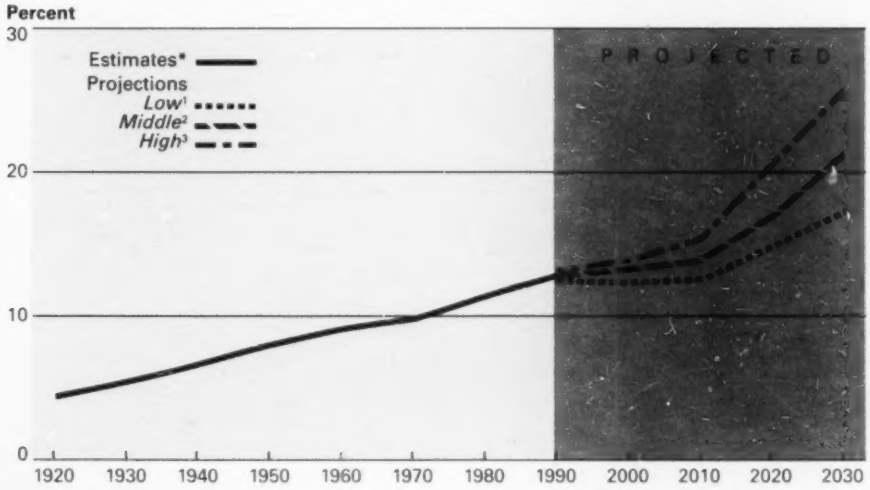


Source: U.S. Bureau of the Census, Current Population Reports, *Series P-23, No. 128.*

In 1984, 28,040,000 people in the United States were at least 65 years of age—roughly the population of the states of New York and Florida combined. This group represented 11.8% of the total American population in 1984.

Figure B

Proportion of Older Persons in the Population, 1920-2030



**as of July 1*

¹Assumes high fertility, high mortality and high immigration.

²Assumes moderate fertility, moderate mortality and moderate immigration.

³Assumes low fertility, low mortality and low immigration.

Source: U.S. Bureau of the Census, Current Population Reports, *Series P-23, No. 138 and P-25, No. 965.*

Between 1980 and 2010, the number of people over 65 will continue to grow, but at a moderate pace. The 1990s should see a 10% increase in the number of elderly, from 31.8 million in 1990 to a little more than 35 million in the year 2000, according to Census Bureau projections.

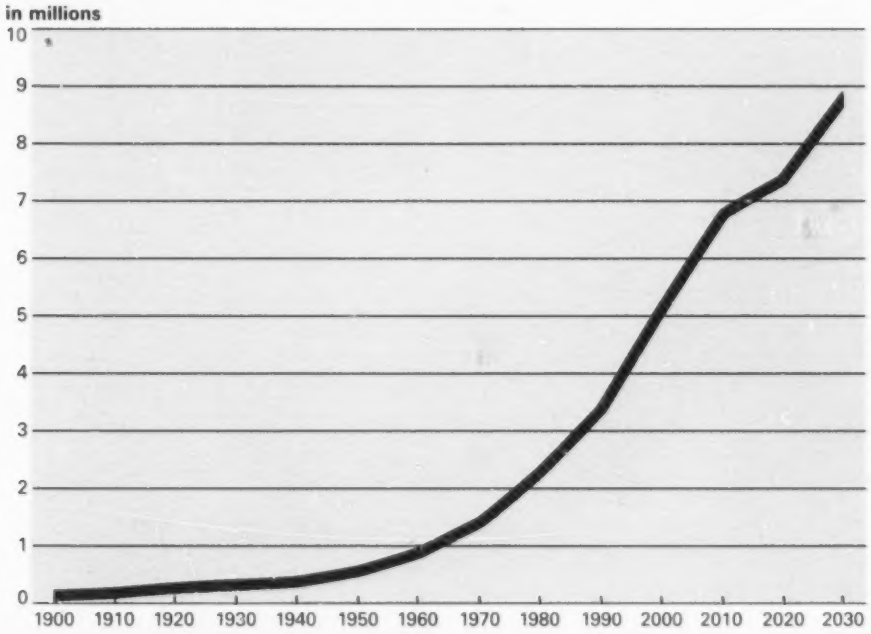
The increase in the size of the 65 and over population will greatly accelerate in about a quarter of a century. After 2010, the post-war Baby Boomers will enter this age group. Then, assuming moderate fertility, mortality and immigration, the number of people over 65 will rise dramatically, from a projected 39.3 million in 2010 to 64.3 million in 2030. In 2030, 1 in 5 Americans is expected to be 65 or over compared with more than 1 in 10 today.

2. Those aged 85 and older are the fastest growing part of the older population.

Between 1970 and 1984, the number of very old people—those 85 and over—increased by nearly 90% from 1.4 million to 2.7 million. This rapid growth is expected to continue through the end of the century, when there will be more than 5.1 million very old, according to one set of Census Bureau projections.

Figure C

Population 85 Years and Over, 1900-2030



Source: U.S. Bureau of the Census, Current Population Reports, *Series P-23, No. 128.*

The 85 and above group is growing more quickly than other cohorts 65 to 84 years of age, increasing its proportion of the total elderly population. At the beginning of this century, about 4% of the elderly population was 85 years or older; today, that percentage is 9.5%, and by the middle of the 21st century, nearly one-quarter of the elderly will be at least 85 years of age.

The number of centenarians is also expected to rise dramatically. In 1982, 32,000 Americans were at least 100 years old and by the year 2000, that number is projected to rise more than threefold to 108,000, according to the government's mid-range projections.[3]

[3] *U.S. Bureau of the Census,* Current Population Reports, *Series P-25, No. 952.*

Table 1

Percent Increase in the Older Population, by Age Group, 1950-2020

Period	Percent Change in 10-Year Period			
	65-74 Years	75-84 Years	85 Years and Over	65 Years and Over
Estimates:				
1950-1960	30.1	41.2	59.3	34.5
1960-1970	13.0	31.8	52.3	20.5
1970-1980	25.3	25.9	59.0	28.0
Projections: (Middle Series)				
1980-1990	15.4	32.1	52.2	23.7
1990-2000	−2.0	18.7	48.4	10.2
2000-2010	14.6	−0.3	32.7	12.1
2010-2020	46.8	17.3	7.6	30.9

Source: U.S. Bureau of the Census, Current Population Reports, *Series P-23, No. 138.*

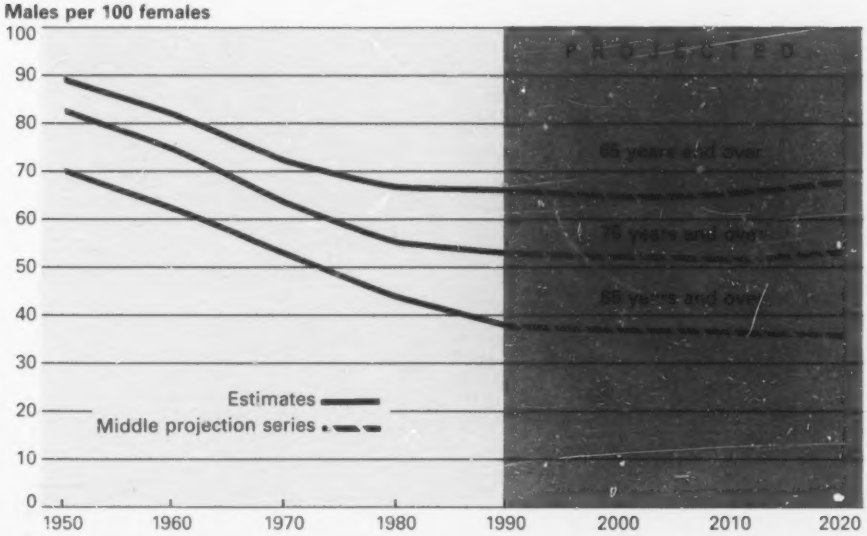
3. The decrease in the number of older men vis-à-vis women will continue, but at a slower rate than in the past.

More boys are born than girls, but the male population has a higher death rate at all ages than the female population. Consequently, with age, women increasingly outnumber men. Just 50 years ago, there were as many men as women aged 65 and above because of the relatively high death rates of women during pregnancy and childbirth. Today, however, for every 100 women aged 65 and over there are 67 men; and for every 100 women 85 years and above, there are only 41 men. In 1984, this unbalanced sex ratio translated into 5.4 million more women than men aged 65 and above.

Government projections suggest that the decrease in the number of older men in relationship to the number of women will continue, but at a slower rate than in the past, dropping to 64 men aged 65 and above for every 100 women by the year 2000 (see Figure D).

Figure D

Sex Ratios in the Older Ages, 1950-2020



Note: Estimates and projections as of July 1, except for 85 and over 1920 and 1930, which relate to April 1. Points are plotted for years ending in zero.

Source: U.S. Bureau of the Census, Current Population Reports, *Series P-23, No. 138.*

Employment and Income

The past three decades have witnessed a tremendous change in the labor force participation patterns of older men. This section of *DataTrack* discusses these changes and presents a mixed picture of the economic status of elderly households.

1. Of every 100 men aged 65 and over in 1950, 46 were in the labor force; by 1984, this ratio had dropped to 16 in 100.

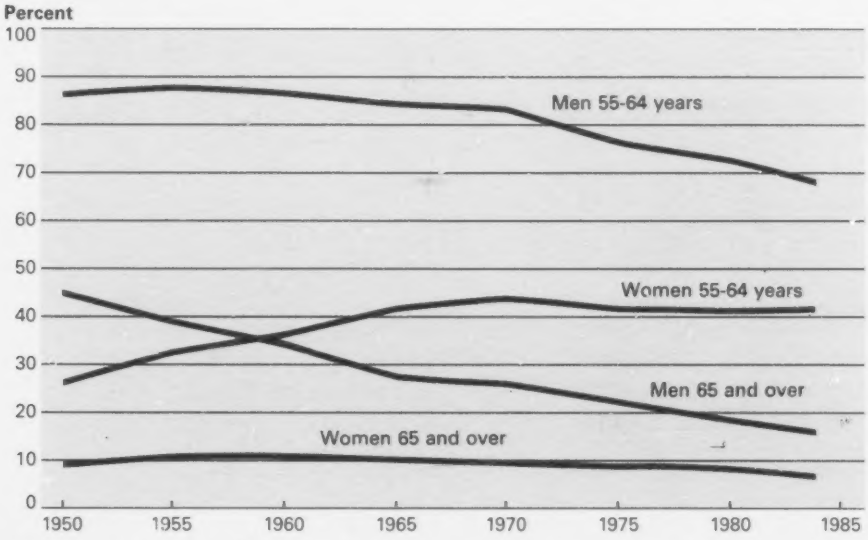
In 1950, almost half the men aged 65 years and older were in the labor force (employed or job seeking). In 1960, only a third were working or looking for work and by 1970, only a fourth. The most recent annual figures for 1984 indicate a continued decline in labor force participation, with only one-sixth of older men working.

Men in the 55 to 64 age group are also continuing to opt out of the work force in significant numbers, particularly since 1970. In 1984, only 68.5% were still in the labor force, down considerably from 83% in 1970 (see Figure E).

Both public and private pension plans have encouraged early retirement during periods of high unemployment. For many, early retirement has come to be viewed as a "right," and this is reflected in the growing number of older workers who choose this option.[4]

Figure E

Labor Force Participation of Women and Men, Aged 55 and Over, 1950-1984



Source: U.S. Bureau of Labor Statistics, Handbook of Labor Statistics, *December 1983; and* Employment and Earnings, *January 1984 and January 1985.*

[4] *Cynthia M. Taueber, "Older Workers: A Future Force," unpublished speech.*

Compared with older men's pattern of work activity over the past few decades, the pattern for older women has held fairly steady. The proportion of women aged 65 and over in the labor force in 1950—10%—slid slightly to 7.5% in 1984.

Labor force participation patterns vary by age. For example, in 1984, relatively few people over the age of 70 were still in the labor force—only 7%. In comparison, about 19% of those 65 to 70 years and nearly 44% of people between 60 and 64 years were labor force participants.

A little over one-half (54.3%) of older men who were employed in 1984 worked a full-time schedule, e.g., 35 or more hours a week. Older female workers were more apt to be on a part-time schedule (60.5%) than a full-time one (39.5%).

Table 2

Older Workers, by Full- or Part-Time Status, 1984

	Workers, 65 Years & Over	
	Men	**Women**
On part-time for economic reasons	3.6%	5.8%
On voluntary part-time	42.2	54.7
On full-time schedules	54.3	39.5
Total at work	100.0%	100.0%

Note: Percentage may not total 100% due to rounding.
Source: U.S. Bureau of Labor Statistics, Employment and Earnings, *January 1985.*

2. Older households have a higher per capita household income than households led by persons under the age of 50.

The average 1983 income of households for the 65 to 70 age group was $19,918, compared with an average of $25,211 for all U.S. households. The average income for units with householders 70 to 75 years old was $16,250, and it was $13,547 for those 75 years and over (see Figure F).

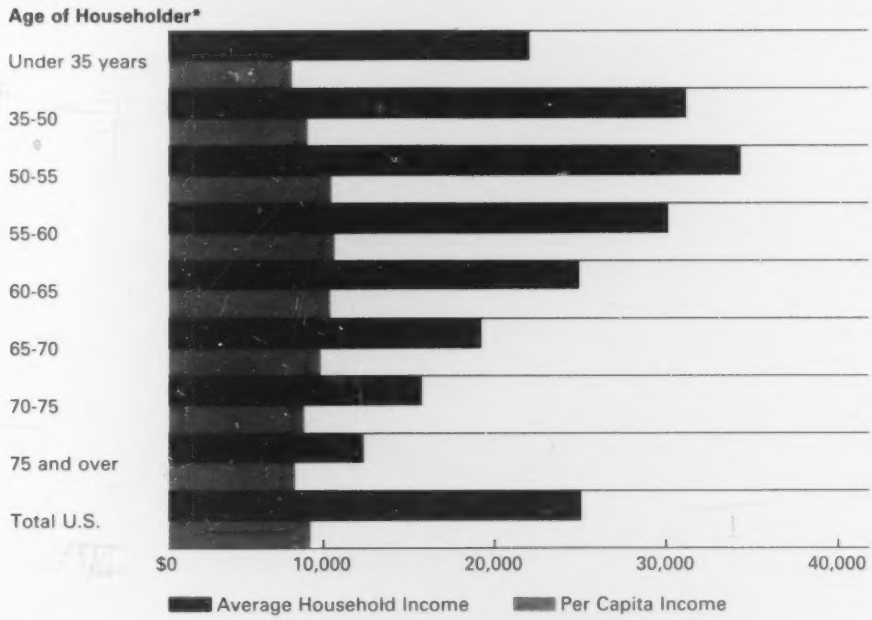
However, as older households have fewer people in them, their per capita income is relatively high. The 1983 per capita income of households led by persons 65 years and over was higher than that for households led by persons under 50 years of age.

3. Of all households with discretionary income, those led by people 65 and over have the highest per capita income.

A joint study by the U.S. Bureau of the Census and the Consumer Research Center suggests that older homes account for a disproportionately large share of total discretionary spending power. Discretionary income is defined in this study as income beyond what is

Figure F

1983 Income by Age of Householder



**as of March 1984*
Source: The Consumer Research Center, from U.S. Bureau of the Census data.

needed to maintain a reasonably comfortable standard of living. It takes into account household income, age, household size and place of residence.

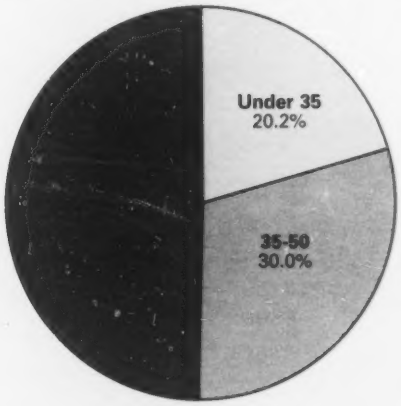
Of all discretionary income in the U.S. in 1983, nearly 18% was in households with householders 65 years and over. Another 32% was accounted for by households headed by people aged 50 to 64. Of the total amount of U.S. households' discretionary spending power in 1983, 50% or $130 billion was among households led by people aged 50 and older.

Per capita household discretionary income was also highest among older households, the study found. In 1983, 27% of all households led by people aged 65 and over had discretionary income. The per capita discretionary income in these older households was $5,219, about twice the figure for households headed by people under 35 years of age—$2,628 (see Figure H).

Figure G

The Distribution of Discretionary Income, 1983

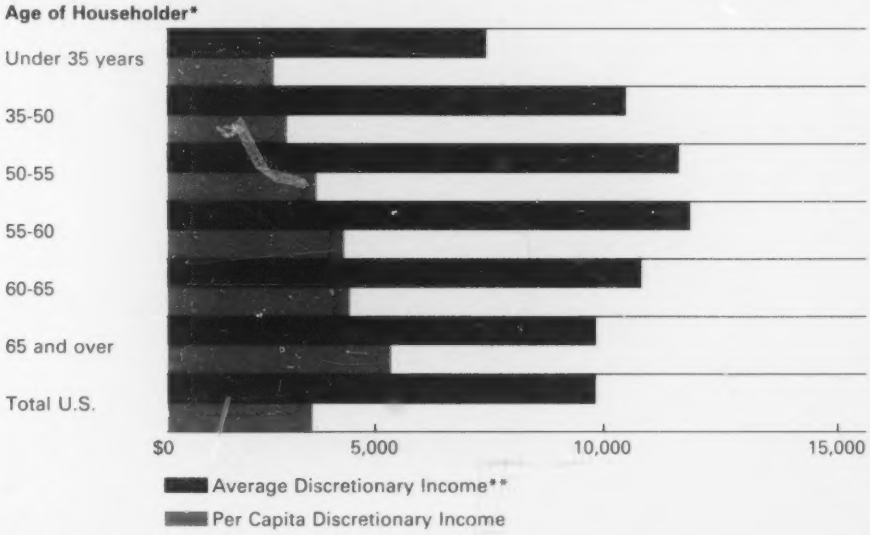
Total Discretionary Income = 100%



Source: A Market Guide to Discretionary Income. *A joint publication of the Consumer Research Center, The Conference Board, and the U.S. Bureau of the Census, 1985.*

Figure H

1983 Discretionary Income, by Age of Householder



**as of March 1984*

***Discretionary income—that beyond what is needed to maintain a reasonably comfortable standard of living—takes into account household income, age, size and place of residence.*

Source: A Market Guide to Discretionary Income. *A joint publication of the Consumer Research Center, The Conference Board, and the U.S. Bureau of the Census, 1985.*

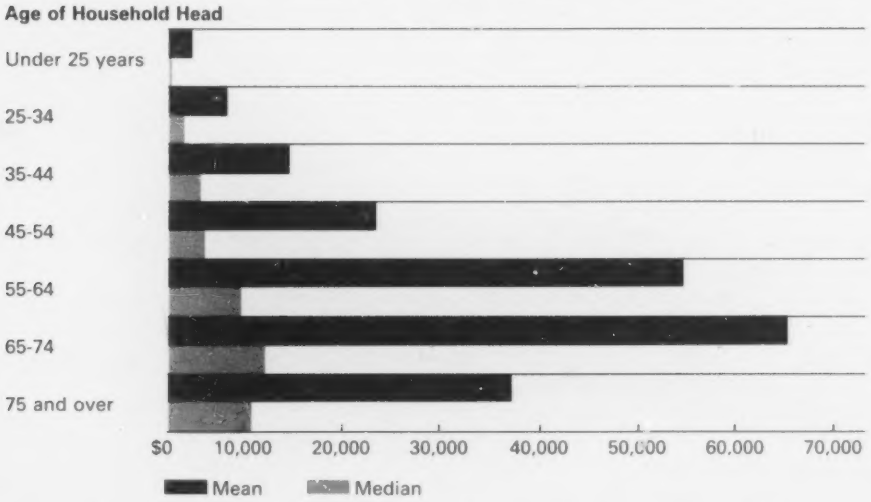
4. Average financial assets were highest in 1983 among households led by people 65 to 74 years of age.

On average, the total financial assets of older households are considerably higher than those of households led by people under the age of 55. The average total financial assets of households led by persons 65 to 74 years of age were $65,339 in 1983, according to a Federal Reserve study of consumer finances. In contrast, average assets ranged from $2,646 for young households under 25 years of age to $23,009 for those 45 to 54. Even among households 75 years and older, the average total assets were substantial ($37,060) compared with those of younger groups. Households led by an older person are less likely to own liquid assets but those who do own them have above average holdings.

In terms of the median amount of assets by age of householder, there is also a pattern of increasing assets with age to a peak of $11,400 at ages 65 to 74.

Figure I

Total Financial Assets, by Age of Household Head, 1983



Source: Robert B. Avery, Gregory E. Elliehausen, Glenn B. Canner and Thomas A. Gustafson, "Survey of Consumer Finances, 1983," Federal Reserve Bulletin, *September 1984.*

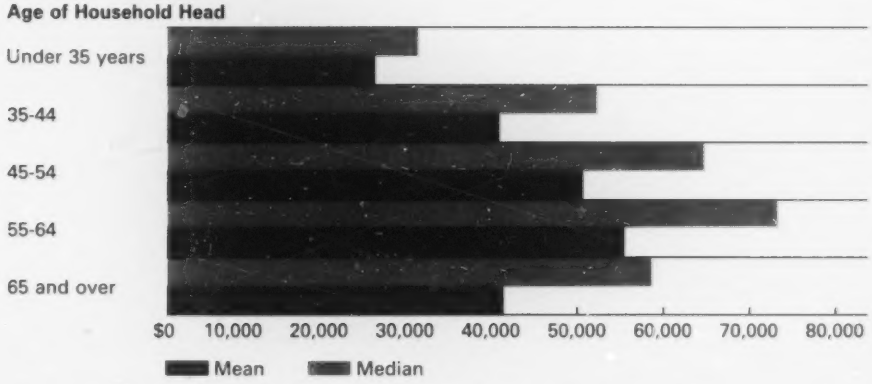
Older households tend to have a relatively high net worth (the difference between gross assets and liabilities). The average net worth of all households in 1983 was $66,050. In comparison, the average net worth of households led by persons 65 to 74 years was $125,284, the peak net worth amount for all households. Households of persons 75 and over had an average net worth of $72,985. The median net worth of all households was $24,574, compared with $50,181 of those aged 65 to 74 and $35,939 of those 75 years and older.[5]

5. Seven in 10 older households own their home.

Many older households own their homes, and have a significant amount of equity in them. In 1983, the median amount of net equity in the homes of elderly households was $41,857. This figure is higher than that for households led by people under 45 years of age but lower than that for households led by people 45 to 64 years of age (see Figure J). Generally, equity increases steadily with the amount of household income and the age of household head until age 65, when it begins to decline.

Figure J

Net Equity in Homes of Households, by Age of Household Head, 1983



Note: Based on nonfarm homeowners, excluding owners of mobile homes.
Source: Robert B. Avery, Gregory E. Elliehausen, Glenn B. Canner and Thomas A. Gustafson, "Survey of Consumer Finances, 1983," Federal Reserve Bulletin, *September 1984.*

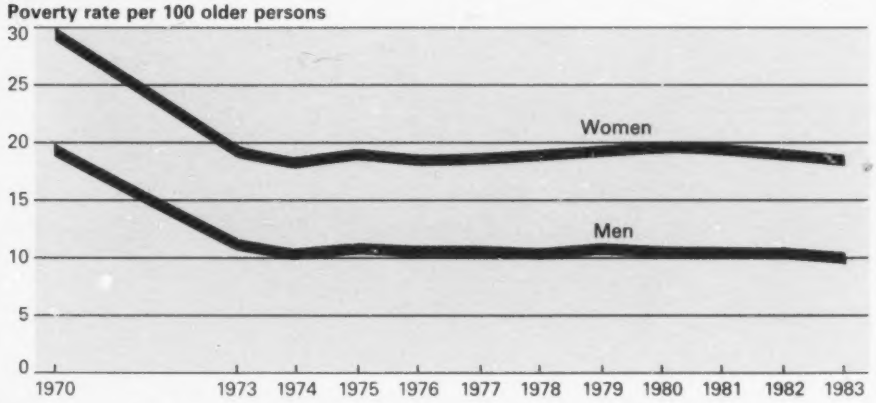
[5] *Robert B. Avery, et al., "Survey of Consumer Finances, 1983: A Second Report,"* Federal Reserve Bulletin, *December 1984.*

6. A majority of the elderly are not poor, although older people are more likely to live in poverty than younger adults.

Of the 35.3 million Americans living in poverty in 1983, 3.7 million (10.5%) were elderly. Thus, 1 in every 7 elderly people is poor, for a poverty rate of 14.1%. The difference in the poverty rate between older women and men is considerable —17% for women and 10% for men—although the rates for both have been declining through the 1970s and 1980s.

Figure K

Poverty Rates for Persons 65 Years and Over, by Sex, 1970-1983



Source: U.S. Bureau of the Census, Current Population Reports, *Series P-60, No. 147.*

During the early 1980s, the poverty rate for older people has continued to drop, while that for people of all ages rose from 13.0% in 1980 to 15.2% in 1983.

7. Older women living alone are more than twice as likely as married couples to be receiving benefits from government "means-tested programs" (low income programs).

During the second calendar quarter of 1984, nearly 3 in 10 older women living alone (27.8%) received one or more means-tested benefits such as food stamps, Supplemental Security Income (SSI), Medicaid, and energy assistance. The rate for means-tested program participation among older married couple families was 12.4%, while it was 20.1% for older men living alone and 17.2% for households of all ages.

Table 3

Percent of Elderly Households Receiving Means-Tested Benefits, Monthly Average, Second Quarter 1984

	Percent of households in which one or more persons received means-tested benefits*		
	Cash	**Noncash**	**Total**
Householder 65 years and older	11.0	19.1	21.0
Married-couple families	7.5	10.4	12.4
Males living alone	9.4	18.4	20.1
Females living alone	12.0	26.4	27.8
All households	8.6	16.3	17.2

**Means-tested programs include Aid to Families with Dependent Children (AFDC) and other cash assistance; Supplemental Security Income (SSI); food stamps; Special Supplemental Food Program for Women, Infants and Children (WIC); free or reduced-price school meals; Medicaid; VA pensions; public or subsidized rental housing; and energy assistance. Such programs require a certain level of income for eligibility.*

Source: U.S. Bureau of the Census, Current Population Reports, *Series P-70, No. 4.*

Health Status and Attitudes

There is some disagreement on whether the health status of the older population is improving or worsening. The signals appear to be mixed. By some measures, such as prevalence of chronic conditions and incidence of chronic diseases, the health of the older population has worsened. By other measures—bed disabling serious illnesses, for example—the health of this group has improved. In this chapter, measures used to gauge the health status of the elderly are explored.

1. A majority of older Americans (56%) say their health is "good" or "excellent."

Despite stereotypes of the elderly as "frail" or "sickly," the majority of older people give good ratings to their own health. Surveys taken in the 1960s, 1970s and 1980s have shown a consistent majority of elderly rating their own health as good or better. Eighteen percent say their health is generally excellent and another 38% think they are in "good" health, while 29% say their health is "fair" and only 15%, "poor."

Table 4

Self-Assessment of Health

Question: Would you say your own health, in general, is excellent, good, fair or poor?

	Health Assessment			
Age	**Excellent**	**Good**	**Fair**	**Poor**
18-24 years	38%	47%	15%	1%
25-39 years	37	48	13	2
40-54 years	32	43	20	5
55-64 years	23	38	26	14
65 and over	18	38	29	15

Source: "Opinion Roundup," Public Opinion, *February/March 1985, (Surveys by the National Opinion Research Center, General Social Surveys, 1980, 1982 and 1984.)*

Older people who have difficulties moving around are more likely than those who are ambulatory to think their health is poor. Older people with vision problems are 1½ times as likely and persons with vertigo are four times as likely as the rest of the elderly population to believe they have poor health.[6]

[6] *Ethel Shanas,* National Survey of the Aged, *U.S. Department of Health and Human Services, Administration on Aging, December 1982.*

2. Although most elderly people tend to rate themselves as healthy, the prevalence of some major chronic conditions among them is increasing.

Between 1972 and 1979, the prevalence of some major chronic conditions and impairments among the elderly population has increased. The number of older men and women afflicted with arthritis, hypertension, heart conditions and arteriosclerosis has risen, as shown in Table 5. The prevalence of diabetes increased among men.

Chronic conditions are more prevalent among persons aged 65 and older than among the younger population. Of this group, the oldest are the most likely to report chronic health problems.

Table 5

Prevalence of Selected Chronic Conditions Among Older Population, by Sex, 1972 and 1979

	Number of Conditions Per 1,000 Persons 65 Years and Older			
	Males		Females	
	1972	**1979**	**1972**	**1979**
Arthritis	287.0*	354.6	450.1*	504.4
Hypertension	141.2	315.0	240.9	434.2
Heart Conditions	199.3	265.7	198.3	280.6
Chronic Sinusitis	N.A.	135.4	N.A.	171.1
Atherosclerosis	30.0	121.5	22.7	125.0
Diabetes	60.3**	73.7	91.3**	83.9
Hemorrhoids	65.4	52.3	80.3	75.8
Hernia of abdominal cavity	N.A.	71.3	N.A.	56.5

NA = Not available.

**1969 data*

***1973 data*

Source: U.S. National Center for Health Statistics data as reported in U.S. Senate Special Committee on Aging, "Health and Extended Worklife," and Vital and Health Statistics, *Series 10, No. 109.*

3. Health impairments among older people vary by age and sex.

The prevalence of hearing and other physical impairments differs by age and sex. Men are more likely to have hearing and visual impairments or to have missing extremities, while women more often have deformities or orthopedic impairments of the back and the lower extremities.

The prevalence of hearing and visual problems increases with age. About 28% of all people over 65 suffer from a hearing impairment. Those 75 years and older are much more likely to suffer from impairments than people 65 to 74 years of age. For example, over 36% of women 75 years and older had hearing problems in 1979 (the latest year for which data are available), compared with about 18% of women between the ages of 65 and 74.

Table 6

Prevalence of Selected Physical Impairments, by Age and Sex, 1979

	Number of Conditions Per 1,000 Persons			
	Men		Women	
	65-74 Years	75 Years & Over	65-74 Years	75 Years & Over
Visual impairments	85.0	191.1	81.4	175.4
Hearing impairments	290.0	404.9	177.9	363.8
Absence of extremities*	41.4	43.2	12.3	12.3
Paralysis of extremities*	21.4	17.3	22.2	12.1
Deformities or orthopedic impairments of:				
Back	81.8	65.7	114.0	100.9
Upper extremities	35.3	21.1	15.3	31.6
Lower extremities	44.8	55.1	57.0	69.0

**or parts of extremities*
Source: U.S. Senate Special Committee on Aging, "Health and Extended Worklife," 1985.

4. The majority of older people do not have to restrict their activities in some way because of a health condition.

Having a chronic disease or condition does not necessarily mean that a person's daily life is limited or that a person is disabled by the condition. In a 1979-1980 health survey of the population taken by the government, 45.6% of people over the age of 65 said they had to limit or restrict some daily activity because of a chronic disease or impairment.

In general, older persons restrict their daily activities twice as often as the population at large. During the 1970s, restricted activity days increased for the American population as a whole and for the elderly as well. But there appears to be no change in the measure of the highest level of disability restriction—days of bed disability—which remained at about 14 per person per year for the older population throughout the 1970s.

Table 7

Selected Health Indicators for Total Population and Population 65 Years and Over, 1972 and 1979-1980

	1972		1979-1980	
	All Ages	**65 Years and Over**	**All Ages**	**65 Years and Over**
Percent with activity limitation*	12.7	43.2	14.5	45.6
In major activity	9.6	37.9	10.9	39.0
Days of restricted activity per person per year	16.6	36.5	19.1	39.2
Days of bed disability per person per year	6.5	14.1	7.0	13.8
Persons injured per 100 persons per year	31.5	21.3	31.2	16.8
Days of bed disability due to injury per 100 persons per year	80.3	195.2	88.7	150.2

**Limitation of activity due to chronic disease or impairment is defined as the inability to carry on the major activity such as working, keeping house or going to school; restriction in the amount or kind of major activity or restriction in relation to other activities, such as recreational, church or civic interests.*

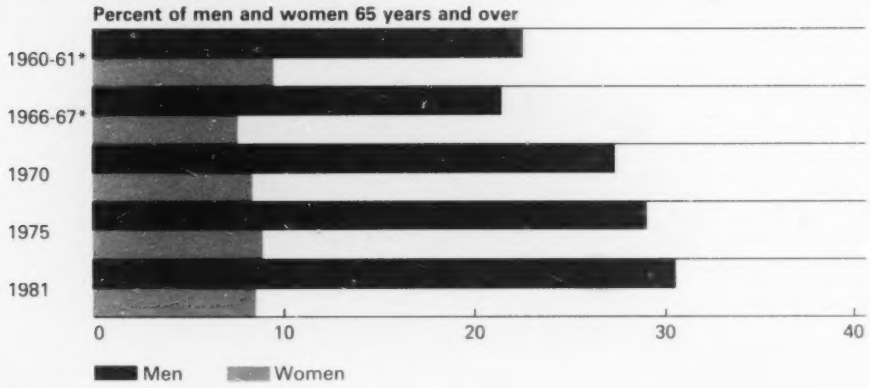
Source: National Center for Health Statistics, Vital and Health Statistics, *Series 10, Numbers 85, 139, 143 and 147.*

5. Older men are more likely now than in the past to be unable to work because of a chronic condition.

Patterns of disability appear to be changing among older men. Since 1960, there has been a gradual increase in the proportion of men 65 and older who report that they are unable to perform their "major activity"—work or housework—because of a chronic condition. In the early 1960s, about 23% of older men said they were not able to work or do housework because of a chronic condition, while nearly 31% in 1981 said they were so disabled. There appears to be no such increase in disability among older women, as seen in Figure L.

Figure L

Older Persons Unable to Perform Their Major Activity Due to a Chronic Condition, 1960-1981



**Average annual estimates of 2 fiscal years.*

Source: Data from National Center for Health Statistics, National Health Interview Survey, as cited in Deborah Newquist, "Trends in Disability and Health Among Middle-Aged and Older Persons," June 1984.

6. As a group, the aged have a better than average record of some health habits.

Although older Americans are less likely than other adults to be involved in regular exercise or sports, people 65 or over have better health habits in other areas. According to one government survey, older people are less likely than others to consider themselves overweight, to smoke, or to have felt "a lot" or a "moderate" amount of stress in the two weeks prior to the survey. The elderly are also more apt to eat breakfast (see Table 8).

7. The number of elderly people in nursing homes is projected to increase more than fourfold by the year 2050.

In 1980, an estimated 1.2 million elderly people resided in nursing homes, a number expected to increase by 80% to 2.2 million by the turn of the century. That number will reach nearly 3 million by the year 2020, and nearly 5.4 million in 2050.[7]

Of all older people, the proportion who are in nursing homes is actually quite small, but it increases with age. Only 2% of people 65 to 74 years of age were in nursing home care in 1977 compared to 6% of those 75 to 84 and 23% of those 85 and older[8] (see Figure M).

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[7] Aging America, Trends and Projections, *U.S. Senate Special Committee on Aging and the American Association of Retired Persons, 1984.*

[8] *Pamela Doty, Korbin Liu and Joshua Weiner, "An overview of long-term care,"* Health Care Financing Review, *Spring 1985.*

Table 8

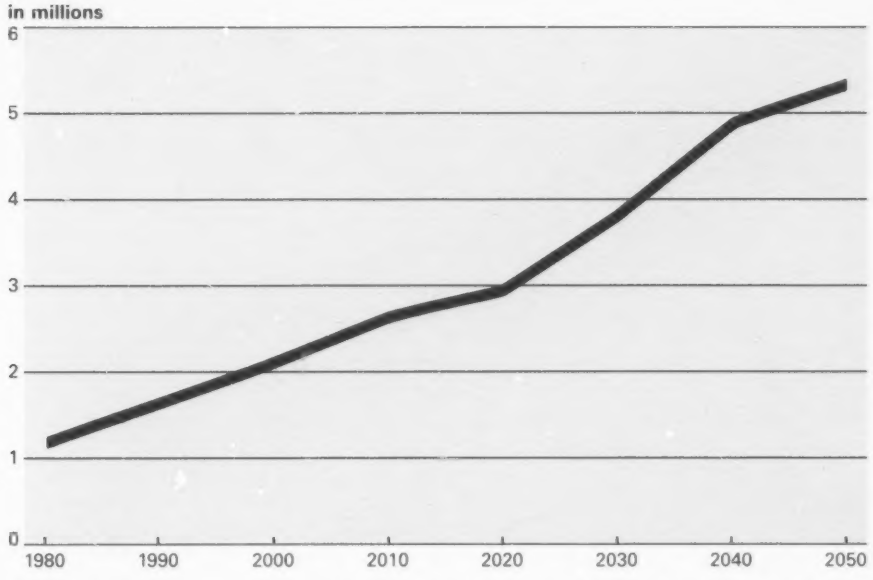
Selected Health Habits of Americans, 1985

	All Ages	65 Years and Over
Consider themselves "very" or "somewhat" overweight	25%	21%
Use seat belt all or most of the time	30	26
Exercise or play sports regularly	41	27
Current smoker	30	16
Eat breakfast almost every day	55	87
Have felt "a lot" or a "moderate" amount of stress in past 2 weeks	52	28

Source: National Center for Health Statistics, Advance Data, *No. 113, November 15, 1985.*

Figure M

Projections of Nursing Home Population 65 Years and Older, 1980-2050



Source: Aging America: Trends and Projections, *U.S. Senate Special Committee on Aging and AARP, 1984.*

8. For every elderly person living in a nursing home, there are twice as many people in the community who need similar care.

Most of the care given to older people requiring help with everyday living activities comes from family members. In 1982, formal services such as paid providers of home health, homemaker/chore services, and adult day care programs accounted for less than 15% of all "helper days of care" to older people in the community. The remaining care was given by spouses, offspring and other relatives.

Table 9

At-Home and Community Caregivers of Older Persons Requiring Assistance in Activities of Daily Living, 1982

Relationship of Helper	Helpers		Helper Days	
	Male	Female	Male	Female
Spouse	37%	10%	53%	17%
Offspring	24	34	19	37
Other relative	23	35	18	30
Formal*	16	21	11	16

**Such as paid providers of home health, homemaker/chore services, adult day care programs, etc.*

Source: Pamela Doty, Korbin Liu and Joshua Wiener, "An overview of long-term care," Health Care Financing Review, *Spring 1985.*

9. In 1982, $27 billion was spent for nursing home care, four times the level of expenditure in 1972.

Public and private sources split the total cost of nursing home care in 1982. Of the $13 billion from private sources, almost all was paid by individuals, with less than 1% covered by insurance. Nearly all the government expenditures came from the Medicaid program; Medicare accounted for just 2% of national expenditures for nursing home care.[9]

In an American Council of Life Insurance 1985 national survey, 35% of the public said that the government should have the primary responsibility for paying for long-term nursing care of the elderly. Twenty-three percent thought individuals themselves should pay for such care; 9% said children should be responsible and 28% said some combination of sources.

[9] *Pamela Doty, Korbin Liu and Joshua Weiner, "An overview of long-term care,"* Health Care Financing Review, *Spring 1985.*

Table 10

Responsibility for Long-Term Nursing Care Payment

Question: Who do you think should have the main responsibility for paying for long-term nursing care for people 65 and older?

	1985	
	All Ages	**65 Years and Over**
Individuals themselves	23%	28%
Their children	9	4
Government	35	30
Combination (voluntary)	28	30
DK	5	7

Source: American Council of Life Insurance.

There appears to be substantial public interest in long term care insurance. More than 7 in 10 (72%) feel it is very important for the elderly who cannot care for themselves to have health insurance for a nursing home or for care by a health provider in the home. An additional 22% believe it is somewhat important to have insurance for this type of care. Nearly 8 in 10 (78%) of full-time workers say they would be willing to share the cost of long term care insurance with their employer.

10. Over 6 in 10 older people are "very" or "somewhat" confident that they could meet the costs of a major illness in their family.

In the 1985 ACLI survey, people were asked: "Considering your health insurance and other resources you may have, how confident are you that you could meet the costs of a major illness in your family?" Of those respondents 65 and older, 63% felt very confident or somewhat confident that they could handle such expenses. An additional 22% were "not very confident" and 12% expressed no confidence at all that they could meet the costs of a major illness.

Mortality and Life Expectancy

Gains in life expectancy at birth during the 20th century have been unprecedented. The chances of surviving past one's 65th year are high as the result of the progress that has been made against the major killers of the young. Changes in mortality from heart disease have led to recent declines in death rates at the older ages as well. This section of *DataTrack* deals with these and other trends in mortality and life expectancy.

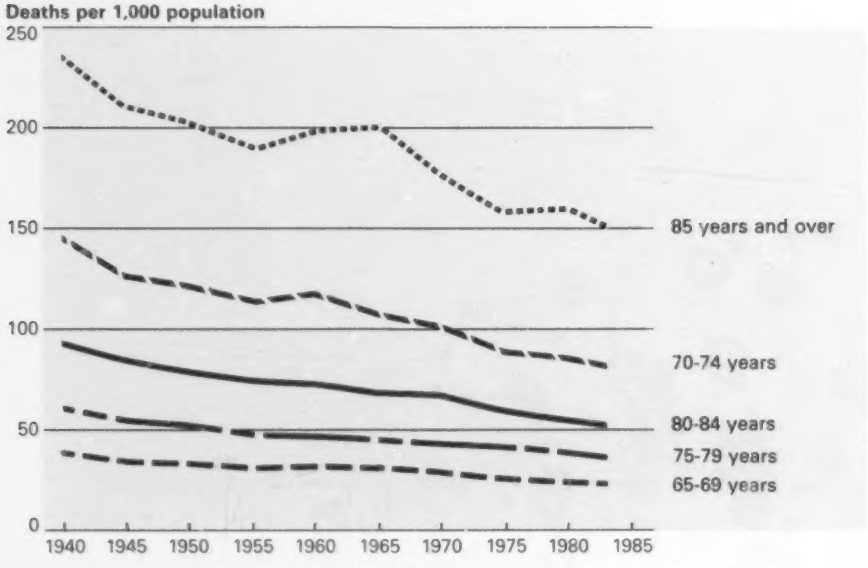
1. Those aged 65 and older account for an increasing share of deaths in the U.S.

During this century, death has become increasingly concentrated among the elderly. In 1900, for example, 4 in 10 deaths in America were among those aged 65 and older.[10] In 1982, nearly 7 of every 10 deaths in the U.S. occurred at ages 65 and older.

Since 1940, there have been three distinct periods of mortality change: From 1940 to 1954 death rates declined fairly rapidly; between 1954 and 1968 mortality rates leveled; and since 1968, rates have begun to decline once again. This pattern holds true among the elderly population as well as among the general population.

Figure N

Death Rates Among Persons 65 Years of Age and Over, by Age: 1940-1983



Source: U.S. National Center for Health Statistics, Vital and Health Statistics, *Series 3, No. 22a; and* Monthly Vital Statistics Report, *Vol. 33, No. 3, Supplement; Vol. 33, No. 9, Supplement; and Vol. 34, No. 6, Supplement (2).*

[10] *U.S. Bureau of the Census,* Vital Statistic Rates in the United States, 1900-1940.

2. Mortality decline among the elderly has occurred for men and women alike and at all age groups, although not at the same rate for all.

Between 1940 and 1982, the death rates for older women were cut in half for all the age categories between 65 and 84 years (see Table 11). Even for the oldest old—those 85 years and above—the rate for females dropped by 40% from 228 deaths to 139 deaths per 1,000 women.

Mortality rates have also declined for older men, but the results since 1940 have not been as dramatic as for women. More recently, however, the decrease in death rates among the youngest group of elderly men has equalled or surpassed that for women in the same age group. For example, between 1981 and 1982, death rates of 65 to 74 year-old men dropped by 1.6%, compared with a 0.8% decrease for women of that age. At ages 85 and over, however, the 1981-1982 decrease was 2% for men and 2.2% for women.

Table 11

Death Rates, by Age and Sex, 1940-1982

	Death Per 1,000 Population			
	1940	**1954**	**1968**	**1982**
Males				
65-69 years	45.5	39.8	42.2	32.6
70-74 years	68.0	56.7	61.3	48.2
75-79 years	103.7	83.3	88.4	71.8
80-84 years	156.6	127.5	127.6	105.8
85 years and over	246.4	187.4	217.3	177.8
All ages*	12.1	9.3	9.7	7.3
Females				
65-69 years	33.9	23.7	21.5	16.9
70-74 years	54.3	38.2	33.3	25.6
75-79 years	86.5	62.7	56.1	40.4
80-84 years	136.0	100.6	92.8	67.6
85 years and over	227.6	177.4	184.3	139.0
All ages*	9.4	6.1	5.6	4.1

**Adjusted for age differences in the population.*

Source: U.S. National Center for Health Statistics, Vital and Health Statistics, *Series 3, No. 22a, and* Monthly Vital Statistics Report, *Vol. 33, No. 9, Supplement.*

3. Heart disease is the leading cause of death of the elderly.

In 1982, 44 of every 100 deaths of people 65 and older were the result of heart disease. Diseases of the heart far outrank other causes of death for the elderly population. In contrast, the number one killer of people from birth to age 44 is accidents.

Cancer was responsible for 20% of all deaths of older people in 1982 and stroke claimed another 10%. Together, these three afflictions—heart disease, cancer and stroke—were responsible for 3 of every 4 deaths of people 65 years and older in 1982 as in 1950.

Between 1968 and 1982, when death rates in general resumed their downward trends, mortality caused by stroke and heart disease among the elderly declined significantly. However, the cancer death rate increased for the elderly, as it did for the population as a whole.

Table 12

Death Rates for 10 Leading Causes of Death for Persons 65 Years and Over, 1983

	Death Rate*			Percent of Total Deaths 65 Years and Over
	65-74 Years	75-84 Years	85 Years and Over	
Diseases of heart	1,139.2	2,816.3	7,335.5	43.6
Malignant neoplasms	829.3	1,254.7	1,583.4	20.1
Cerebrovascular diseases	182.2	652.7	1,912.5	9.5
Chronic obstructive pulmonary diseases	139.8	260.7	309.2	3.7
Pneumonia and influenza	51.1	205.8	859.9	3.4
Atherosclerosis	19.3	98.5	530.8	1.8
Diabetes mellitus	61.7	130.0	207.6	1.9
Accidents	50.5	106.0	257.5	1.7
Nephritis and nephrosis	25.5	74.6	186.6	1.1
Chronic liver disease and cirrhosis	38.5	31.8	18.5	.7
All causes	2,874.3	6,441.5	15,168.0	100.0

**Rates per 100,000 population in age group*

Source: U.S. National Center for Health Statistics, Monthly Vital Statistics Report, *Vol. 33, No. 9, Supplement.*

4. The male/female gap in life expectancy at birth, which had been widening for many years, now appears to be narrowing.

In 1983, life expectancy at birth was the longest ever recorded—74.7 years. Gains in life expectancy during the 20th century have been unprecedented. Between 1900 and 1983, 25.5 years were added to the average life expectancy at birth.

For men born in 1983, average life expectancy is estimated at 71 years; for women, 78.3 years. This gender difference in average life expectancy at birth has been expanding for most of this century. In the early 1900s, when the average life expectancy was nearly 50 years, baby girls could expect to live 2.8 years longer than boys. For babies born in 1979, the gap was 7.8 years but by 1983, it had narrowed to 7.3 years.

Most of the increase in life expectancy at birth between 1900 and 1983 is the result of increased survival at younger ages. Improved health care for pregnant women and control of infectious diseases that were prime killers of the young have helped to reduce the rate of premature death.

The increase in life expectancy of a person over age 65 was relatively small until the late 1960s. Since then, however, longevity has increased at a disproportionately high rate among the elderly. And the life expectancy of the oldest is increasing the most. In 1983, a 65-year-old man could expect to live on average in excess of another 14 years; a 65-year-old women, nearly 19 more years.

Table 13

Life Expectancy at Birth and at Age 65, 1900-1983

	Life Expectancy in Years					
	1900-1902	**1939-1941**	**1954**	**1968**	**1979**	**1983***
At birth						
Both sexes	49.2	63.6	69.6	70.2	73.9	74.7
Men	47.9	61.6	66.7	66.6	70.0	71.0
Women	50.7	65.9	72.7	74.0	77.8	78.3
Difference	2.8	4.3	5.0	7.4	7.8	7.3
At age 65						
Both sexes	11.9	12.8	14.4	14.6	16.7	16.8
Men	11.5	12.1	13.1	12.8	14.3	14.5
Women	12.2	13.6	15.7	16.3	18.7	18.8
Difference	0.7	1.5	2.2	3.5	4.4	4.3

**Provisional data.*

Source: U.S. Bureau of the Census, Current Population Reports, *Series P-23, No. 78 and National Center for Health Statistics, unpublished data.*

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